MEDICAID
DIRECT SERVICES GUIDEBOOK
FOR
LOCAL EDUCATION AGENCIES

MAY 2004

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I.
INTRODUCTION

INTRODUCTION

This Guidebook contains information to assist Local Education Agencies (LEAs) in Rhode Island with Medicaid direct services claiming.

The purpose of this guide is to assist LEA personnel in implementing and maintaining a Medicaid reimbursement program for services provided by or for a Local Education Agency. The intent is to clarify the roles and responsibilities of the various school personnel involved in the direct services reimbursement program. This personnel includes administrators, direct service providers and support staff. These responsibilities include submitting the Certification of Local Funds on a quarterly basis, signing provider agreements, completing provider logs, formatting and submitting claims, reconciling claims, and maintaining provider logs and other records used to support a claim.

The scope of information includes: provider enrollment, service definitions, provider qualifications, documentation guidelines, claim submittal information (including diagnosis and procedure codes), claim reconciliation information, eligibility verification, and other policies and procedures effecting the program e.g., the federal Individuals with Disabilities Education Act (IDEA) Part B, the Rhode Island State Regulations Governing the Education of Children with Disabilities, as well as the federal Health Insurance Portability and Accountability Act (HIPAA).

ACKNOWLEDGEMENTS

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II.
BACKGROUND

A. Rhode Island General Law 40-8-18

Congress has allowed schools and school districts to submit claims for reimbursement from state Medicaid programs for certain services since 1989. The State of Rhode Island enacted Rhode Island General Law (RIGL) 40-8-18 in 1992 (see Addendum A). Amended in 2000, this general law enables LEAs to enroll as Early and Periodic Screening Diagnosis and Treatment (EPSDT) Providers with the Rhode Island Medical Assistance Program. Enrolling as a provider allows an LEA to submit claims for services provided within its programs. This means that the Medicaid program may reimburse an LEA for certain services provided to a child who is Medicaid eligible and most of the services reimbursable are identified through the special education process by the development and implementation of Individualized Education Programs (IEPs).

Local Education Agencies in Rhode Island started enrolling as EPSDT providers in 1992. As of February 2004, 41 LEAs representing 38 communities, 5 Public Charter Schools, a Regional Educational Collaborative, and the Metropolitan Career and Technical Center were enrolled as EPSDT Providers.

Key Provisions of RIGL 40-8-18 include:

- Enrollment as a provider is voluntary
- LEAs include school districts, regional school districts, Public Charter Schools, the Regional Educational Collaboratives and The Metropolitan Career and Technical Center (The Met)
- Medicaid reimbursement is possible for certain direct services
- Medicaid reimbursement is possible for some administrative activities
- Payments made to the LEAs shall be used solely for educational purposes
- Federal funds must supplement, not supplant, local maintained fiscal effort to support education
- LEAs must comply with all provisions relative to the responsibilities of a Medicaid provider pursuant to Title XIX of the Social Security Act
- LEAs must provide the local/ state match through the certification of local funds in order to receive Federal Medicaid reimbursement for direct services

In addition to these highlights, the following must be considered by LEAs when determining which services are to be submitted for reimbursement:

- Services provided through funding from federal grants are not reimbursable through Medicaid. For example, if the salary for a Speech and Language Pathologist is supported by IDEA funds, then the services provided by this pathologist shall not be submitted for Medicaid reimbursement.

B. Medicaid

Medicaid is a Federal/State assistance program established in 1965 as Title XIX of the Social Security Act. State Medicaid programs are overseen by the Centers for Medicare and Medicaid Services (CMS) within the United States Department of Health and Human Services. State Medicaid programs are jointly funded by the federal and state governments and are administered by each individual state to assist in the provision of medical care to children and pregnant women, and to needy individuals who are aged, blind, or disabled. [1]

Medicaid programs pay for services identified in a plan, called the State Plan, some of which are mandated by the Federal government and others that are optional and determined to be covered by each state. Within the Medicaid statute is a program for children birth to 21 years of age called the Early and Periodic Screening Diagnosis and Treatment (EPSDT) Program. Under EPSDT, children must receive not only screening and diagnostic services, but also any medically necessary treatments that may not otherwise be available under a state's Medicaid plan but are allowable under Federal Medicaid law.[2]

Medicaid recipients usually pay no part of the cost of covered medical expenses, although a small co-payment is sometimes required. Medicaid eligibility is limited to individuals who fall into specified categories. The federal statute identifies over 25 different eligibility categories for which federal funds are available. These categories can be classified in five broad coverage groups:

- Children;
- Pregnant Women;
- Adults in Families with Dependent children;
- Individuals with disabilities;
- Individuals 65 or over. [3]

Medicaid should not be confused with **Medicare**, which is a Federal insurance program. Medicare primarily serves people over 65, whatever their income; and serves some categories of younger people who are disabled and dialysis patients. Medicare is also administered by the Centers for Medicare and Medicaid Services (CMS).[4]

For more information on Medicaid, please refer to www.cms.hhs.gov/medicaid
For more information regarding Medicare, please refer to www.medicare.gov

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[1] Medicaid and School Health: A Technical Assistance Guide, U.S. Department of Health and Human Services Health Care Financing Administration, 1997
[2] Medicaid Coverage of Health-Related Services for Children Receiving Special Education: An examination of Federal Policies, U.S Department of Health and Human Services 1991, p. 5
[3] http://questions.cms.hhs.gov/
[4] Ibid

C: Medical Assistance in Rhode Island

Families and children in Rhode Island may become eligible for Medicaid by applying for coverage through the following: RIte Care, RIte Share, Supplemental Security Income (SSI), Katie Beckett, Adoption Subsidy and the Mental Retardation/Developmental Disability (MR/DD) Waiver. The majority of children covered by Medicaid are enrolled in a Managed Care Program through RIte Care or RIte Share. Most children with special health care needs (CSHCN) receive their coverage through eligibility from SSI, Katie Beckett, Adoption Subsidy or the Mental Retardation/Developmental Disability (MR/DD) Waiver.

Starting in September 2003, families whose children are eligible for Medicaid through SSI, Katie Beckett or Adoption Subsidy *and* who do not have other insurance coverage are being given the choice of staying in fee-for-service Medicaid or enrolling in a RIte Care managed care program, Neighborhood Health Plan of Rhode Island. Those children who are eligible through SSI, Katie Beckett or Adoption Subsidy and who do have other insurance coverage will continue to remain in fee-for-service Medicaid.

Since services provided by LEAs through their special education program are carved out of the RIte Care benefit package, LEAs can submit claims for reimbursement for children who receive services through a managed care program or through the fee-for-service delivery system. It is hoped that there is coordination between a child's primary care physician/provider and the services provided by the LEA. It is also important to note, that the reimbursement accessed by the LEAs *does not affect the family* because there is no additional cost to any family in terms of co-pays, premiums or lifetime service caps when LEAs submit claims to the Medical Assistance Program for services provided to eligible children.

LEA staff may assist families with applications for Medical Assistance (MA). These activities can be documented for those districts participating in the time studies used for Medicaid Administrative Claiming. As Medicaid benefits for children under the Early and Periodic Screening Diagnosis and Treatment Program are identical regardless of the basis for their Medicaid eligibility, the following are broad guidelines for school district staff to use when helping a family apply for MA:

(1) **RIte Care**: Eligibility is based on family income. Refer by calling 462-5300 or by calling the local DHS offices (see Addendum B) or download an application for RIte Care from the DHS web site at www.dhs.ri.gov

(2) **RIte Share**: Families, whose income falls within certain federal guidelines that have access to employer-sponsored insurance, may be eligible for RIte Share. For more information call the RIte Share line at 462-0311.

(3) **SSI:** Eligibility is based on the child's disability *and* the family's income. Refer to the Social Security Administration (SSA), by calling 1-800-772-1213, by contacting a local SSA office (See Addendum C) or by accessing the Social Security web site at www.socialsecurity.gov

(4) **Katie Beckett:** Three elements are considered when determining if a child aged birth to 18 years old is eligible for Katie Beckett. These are (1) a disability determination

(2) a level of care determination and (3) the child's income and resources. Refer to the DHS long term care offices for application. (See Addendum D)

(5) **Adoption Subsidy:** Children in Adoption Subsidy may qualify for RIte Care or RIte Share. The adoption subsidy program is administered through the Department of Children Youth and Families. For more information, please contact: (401) 254-7020

D: The Role of Special Education

a. IDEA Part B

IDEA Part B authorizes Federal funding to states in order to ensure that children eligible for special education and related services receive a free appropriate public education (FAPE). FAPE is defined to include special education and related services at no cost to the parents. The provision of FAPE however, does not relieve "an insurer or similar third party from an otherwise valid obligation to provide or to pay for services provided to a child with a disability."[5]

- Special Education is defined as "specially designed instruction, at no cost to the parent, to meet the unique needs of a child with a disability." It can include classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions to ensure that children with disabilities receive a free appropriate public education.[6]
- Related services are defined as "transportation, and such developmental, corrective and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools and parent counseling and training."[7]

Under the law, LEAs must prepare an Individualized Education Program (IEP) for each child eligible, specifying all special education and related services needed by the child. For children transitioning from Early Intervention, through age 5, an Individualized Family Service Plan (IFSP) that meets IEP requirements may be used to meet these requirements (Section 300.342(c) of the IDEA/Rhode Island Special Education Regulations) The IEP must be developed cooperatively by the parent and school personnel including: at least one regular education teacher of the child, at least one special education teacher *or* special education provider of the child, the child's parent or guardian, a person designated as the LEA representative, an

[5] Individuals with Disabilities Education Act 1997 300.301 (b)
[6] Rhode Island Board of Regents for Elementary and Secondary Education: Regulations Governing the Education of Children with Disabilities, December 14, 2000, Section 300.26
[7] Ibid, Section 300.24

individual who can interpret evaluation results and others at the discretion of the parent or LEA.[8] Developed and reviewed (and if appropriate revised) at least annually, the IEP must detail specific special education and related services that are to be provided to the child. The LEA is responsible for assuring that all services included in the IEP are provided to the child.[9]

A state Medicaid program can pay for those related services that are specified in the Federal Medicaid statute and determined to be medically necessary by the state Medicaid agency.[10] Within Federal and state Medicaid program requirements regarding allowable services and providers, LEAs can seek reimbursement from the Medicaid program for these health-related services when provided to children enrolled in Medicaid.[11] This is important because of the additional funding it offers LEAs.

For the provision of special education and related services, LEAs must adhere to the requirements of the IDEA Part B and the Rhode Island State Regulations Governing the Education of Children with Disabilities. The following provides information regarding the role of special education and the IEP in relation to the Medicaid Reimbursement program.

b. Individualized Education Program (IEP)

The Purpose of the Individualized Education Program

It must be noted that while documentation of services in the IEP is an important component of Federal Medicaid requirements, the development of the IEP and the provision of special education and related services are guided by the application of the following Federal and State Laws: The Individuals with Disabilities Education Act (IDEA) Part B and the Rhode Island Board of Regents for Elementary and Secondary Education Regulations Governing the Education of Children with Disabilities. To provide a better understanding of the purpose of the IEP, the following was taken from the Introduction of IEP: Purpose, Process and Product, Second Edition 2002 by the Rhode Island Department of Education, Office of Special Needs, with support from the Rhode Island Technical Assistance Project:

> The Individual with Disabilities Education Act (I.D.E.A.), formerly known as PL 94-142, requires that all students with disabilities in need of special education services be provided with free appropriate public education designed to meet their unique needs. The cornerstone of this provision is the development and implementation of the Individualized Education Program (IEP). The IEP serves as a written agreement between the parents and the school system. According to the regulations, the IEP must be developed at a meeting at which parent and school personnel *jointly* make decisions about the student's program, and must be reviewed and revised at least annually.

[8] Ibid, Section 300.344
[9] Ibid, Section 300.350
[10] "Opdt Medicaid Coverage, November 1991, p. 1
[11] Ibid

The IEP serves a number of purposes, such as providing a vehicle for communication, problem resolution, and compliance. It also provides goals and objectives based on the general curriculum to guide the special education services to be provided in the least restrictive environment and outline the type and amount of such services.

The development and implementation of an Individualized Education Program pursuant to IDEA and Rhode Island Regulations must take precedence over any other requirement by any entity for its own purposes. The Centers for Medicare and Medicaid Services (CMS) requires that services submitted for reimbursement from Medicaid must be documented in the IEP. CMS does not dictate where or how these services need to be documented in the IEP, so for purposes of claiming services for reimbursement, the state of Rhode Island requires that LEAs follow the IEP guidance provided by the RIDE.

III.
LEAs ENROLLING AS AN EARLY AND PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT) PROVIDER

A. Local Governing Authority Approval

It is recommended that the local governing authority of each LEA approve its enrollment as a provider because the receipt of Medicaid funds has fiscal impact. The local governing authority can include the school committee, selectmen, town council, or a Board of Directors.

B. Department of Human Services/Local Education Agency Interagency Provider Agreement

In order to enroll as a Medical Assistance provider, an LEA must complete, sign and return an interagency provider agreement with the Department of Human Services (DHS). The Interagency Provider Agreement between the DHS and LEAs is currently valid for 2 years and newly signed agreements must be completed once the current agreement term expires. Copies of the Provider Agreement are available from the DHS by contacting Sharon Reniere at *(401) 462-2187 or sreniere@dhs.ri.gov*

C. Certification of Funds Requirement

According to the DHS/LEA Interagency Provider Agreement, "The LEA will certify matching funds on a quarterly basis, effective with the first day of the calendar quarter in which the Agreement becomes effective." The Certification of Funds letter must state that the LEA certifies that there are sufficient state/local and/or private money being used as a match for the Federal Medicaid reimbursements. Please refer to Addendum G for a sample Certification of Funds letter. Each LEA is required to submit a Certification of Funds letter quarterly for the following dates:

March 31	September 30
June 30	December 31

LEAs receive the Federal share of each Medicaid claim approved for payment because they provide the state match for the Federal reimbursement. This is known as the Federal financial participation (FFP), which varies each federal fiscal year and is currently 56.03% for Federal Fiscal Year 2004.

D. Electronic Data System (EDS) Provider Enrollment Process

a. Provider Enrollment Packet

EDS is the fiscal agent for the DHS and its Medical Assistance Program. As the fiscal agent for the DHS, EDS assigns provider numbers to eligible providers, provides billing

software, provides technical assistance and support, verifies recipient eligibility, processes claims, provides remittance advices on claims reconciliation and provides training for billing activities. After an LEA completes the interagency provider agreement with DHS and its application is approved, it must enroll as a provider with EDS by requesting a Provider Enrollment packet from EDS. Provider Enrollment packets can also be accessed on the DHS website at: www.dhs.ri.gov/secure/logon/do

Providers can contact EDS for the following information by calling 784-8100 for local and long distance calls or by calling 1-800-964-6211 for in-state toll calls or border community calls:

- Provider Enrollment Packet (including LEA Linkage Form)
    - Provider enrollment form
    - W-9 Form
    - Electronic Data Interchange Agreement (TPA)
    - Provider Agreement Form: Addendum 1and Addendum 2
    - Electronic Funds Transfer (EFT) Form.
- Electronic Data Interchange Trading Partner Agreement (TPA)
- A copy of the HIPAA compliant Provider Electronic Solutions Software (PES)
- A copy of the Recipient Eligibility Verification System (REVS) User Guide
- The Rehabilitation Provider Manual (this is available on the DHS web site at www.dhs.ri.gov/dhs/heacre/provsvcs/manuals/rehab/rehabtoc.htm)

The provider enrollment packet must be submitted to EDS and approved by DHS *before* an LEA submits claims for reimbursement. EDS will enroll each LEA and assign two billing provider numbers to be used when submitting claims:

- **Individual Provider Number** is used to claim services provided by individuals employed by the LEA.
- **Group Provider Number** is used to claim services provided by individuals contracted by the LEA.

An LEA uses its individual provider number as the billing provider number and leaves the "performing provider" field blank when submitting claims for services provided by its personnel. An LEA uses its group provider number as the billing provider number *and* uses the performing provider number assigned to the contracted provider in the "performing provider" field when submitting claims for services provided by contracted providers.

b. Electronic Data Interchange Trading Partner Agreement (TPA)

Effective October 16, 2003, all Medicaid providers, including LEAs, must utilize HIPAA compliant software. Providers may use EDS' free software, Provider Electronic Solutions (PES), or another software that has completed testing with EDS. Another component for HIPAA compliance is the completion of an Electronic Data Interchange (EDI) Trading Partner Agreement.

Each billing provider, clearinghouse, or billing service who will directly exchange electronic data with EDS **must** complete and sign the Trading Partner Agreement (TPA). Once an LEA forwards a TPA to EDS, EDS will then forward an ID and a password for usage to access information on the DHS web portal. The web portal can be utilized to send claims, receive remittance advices, verify recipient eligibility verification, check on claims status, or to check a message center and to verify remittance payment.

An LEA must list its Individual *and* Group Billing Provider numbers on its TPA. RI Medicaid providers who utilize a Third Party to exchange data with EDS, must identify the transactions that the Third Party is authorized to perform on their behalf, and indicate consent by an authorized signature on the TPA. Providers who do not exchange electronic data directly with EDS are not required to complete a TPA.

If an LEA contracts with a billing company that will share or receive information electronically with EDS, then the billing company needs to complete a TPA and the LEA needs to sign it in the appropriate place. It is possible that an LEA, a billing company or both will have a signed TPA on file with EDS. If you have any questions about completing the TPA, please contact the EDI HIPAA Coordinator at (401) 784-3817.

1. LEA Instructions for Completing a Trading Partner Agreement

Original signatures are required on any TPA sent to EDS. Photo copied or faxed agreements *will not* be accepted. Information for completing the TPA (See Attachment E for a TPA form):

- Page 1 (Provider's Full Name): fill in the name of the LEA (trading partner).
- Page 2 (2.2): fill in the LEA's (trading partner's) information
- Page 4 (6.1): Please check one if the LEA will be submitting claims or leave blank if the LEA is just signing up for eligibility verification.
- Page 5 (Check off all that apply): LEAs or their billing companies can check off the following:

Yes	837 Professional	Yes*	277 Unsolicited Claim Status
N/A	837 Institutional	Yes	997 Functional Acknowledgement
Maybe	837 Dental	Yes*	835 Remittance Advice
Yes	270 Eligibility Inquiry	Yes	271 Eligibility response
Yes	276 Claim Status Inquiry	N/A	NCPDP 1.1 Batch Pharmacy Claim response
N/A	NCPDP 5.1 Batch		

*Only one entity per provider may receive the electronic version of the 277 Unsolicited Claim Status (pended claims reports) and the 835 Remittance Advice.

LEAs that contract with a billing company to submit claims need to decide if the LEA *or* the billing company will have access to the electronic remittance advice and pended

claims reports. If the billing company will have access to this information, then the TPA filled out by the billing company will have these items checked off. EDS will continue to generate paper versions of the Remittance Advice.

LEAs utilizing billing companies, may want to execute a TPA for eligibility verification capabilities. If an LEA fits in this category, please complete the TPA and check off 270 Eligibility Inquiry and 271 Eligibility Response.

- Page 5: Specify software: Unless the LEA or its billing company has created or purchased new HIPAA compliant software, the Provider Electronic Solutions should be checked.
- Page 5: Method of transmission: The LEA needs to list any and all methods of transmission for the activities, e.g., Internet, website, modem, or DSL
- Page 6: list the person who should be contacted if there is a problem with an electronic claim being transmitted.
- Page 6: for LEAs with two billing numbers, please list the assigned group provider number and the assigned individual provider number separately. An LEA must sign the authorized signatures in the section, *even if* the LEA contracts with a billing company to submit its claims.
- Page 7: the trading partner (the LEA or its billing company) must sign here.

c. LEA Linkage Process

In order to identify those services that are provided by staff employed by the LEA and those provided by contracted providers, each LEA should use its individual provider number to claim services provided by district employees and should use its group number to claim services provided by contracted individuals or agencies. In addition to using its group provider number for contracted services, each LEA must include an assigned performing provider number for the contracted entity. The following is a description of the enrollment and linkage process for performing providers.

Local Education Agency Linkage Form

If an LEA contracts with a psychologist, physical therapist or day or residential program etc. and wants to seek reimbursement for these or any contracted services, then the LEA needs to initiate the enrollment and/or linkage of the contracted provider. To accomplish this, both the LEA and the contracted provider need to complete the LEA Linkage Form (see Addendum F).

The Linkage form has two purposes: (1) it enrolls and assigns performing provider numbers to providers who are contracted by LEAs to provide services and (2) it links the performing provider to the LEA's group provider number. LEAs and their contracted provider must complete this form before the LEA submits claims for services provided by the contracted provider. It is not necessary for LEAs to enroll its employees.

While it is permissible to photocopy the form and fill in standard information, the signatures must be original and the form must be dated. Any forms submitted without original signatures or improperly dated will not be processed.

E. Eligibility Verification

There are two processes for Medicaid Providers to verify recipient Medicaid eligibility. These include: (a) the Recipient Eligibility Verification System (REVS) maintained by EDS; and (b) the eligibility verification available through the DHS web portal.

a. REVS

To verify eligibility through the REVS, an LEA needs its provider number, the dates of service being verified, (up to 365 days from date of service), and the student's Medical Assistance Identification (MID) number, which is usually the recipient's social security number.

The REVS User Guide developed by EDS is available to assist providers in using the REVS using a touch-tone phone to verify eligibility. The following key points about using REVS have been taken from The REVS User Guide and should provide the basic information needed to verify eligibility for Medical Assistance through the REVS.

How to access REVS via a Touch-Tone Phone:

- REVS phone allows providers 5 transaction per phone call
    - Call or 1-401-784-8100 for local or long-distance calls
    - Call 1-800-964-6211 for in-state toll or border state community calls

Entering and Receiving Information:

- Security access is provided by the provider's 7 digit provider number
- To enter letters in a provider number-
    - Press the asterisk key followed by two numbers representing the placement and position of letters on the touch-tone keypad.
    - For example, A is entered by pressing *21, B is entered by pressing *22, C is entered by pressing *23, D is entered by pressing *31…
    - Q is assigned *11
    - Z is assigned *12
- To enter a 7 digit provider number containing letters and numbers-
    - Enter each digit, ending with the pound key (#)
    - Provider number CF00001 is entered as: *23 *33 00001#
    - Provider number EG00002 is entered as: *32 *41 00002#
    - Provider number WD00003 is entered as: *91 *31 00003#
- To enter dates of service
    - MMDDYY format used followed by a pound key (#) e.g. March 31, 2004 is entered as 033104#
    - # Key is used to enter current date as date of service

- Use of pound (#) key
    - Used to mark end of data just entered, e.g. provider number or date of service
    - Used to tell system to reuse data previously entered for a specific prompt, e.g. recipient MID number
    - Used to repeat a prompt
- Use of asterisk (*) key
    - Used to repeat a prompt at an options menu or main menu prompt
    - Used to enter letters into the system
    - Double asterisk (**) used to erase information entered incorrectly and to replace it with the correct information

b. DHS Web Portal Eligibility Verification System

Providers who want to verify recipient eligibility via the DHS web portal must complete a Trading Partner Agreement with EDS indicating they want to verify eligibility through the portal. To access the web, providers need to use an assigned Identification (ID) number and password, and know the recipient's Medical Assistance ID (MID) number, usually a social security number. As with the REVS, eligibility verification on the web portal may be accessed for a recipient up to 365 days from the date of service. If a provider's current TPA does not include eligibility verification, it can submit a Trading Partner Agreement ID Change/Add Form to add eligibility verification.

To access the DHS web portal eligibility verification system providers need to:

- Complete a TPA and select 270 Eligibility Request and 271 Eligibility Response
- Receive a Trading Partner ID and password from EDS
- Access the DHS web site at: www.dhs.ri.gov
- Select "MMIS Web Transactions"
- Enter their Trading Partner ID and password
- Choose from the list of options that appear (these will vary and depend on those selected on the TPA)
- Select "Eligibility"

Other enhancements available to providers on the DHS web site include:

- Claim Status (the information contained on the Remittance Advice, which is processed two times a month)
- Prior Authorization Status
- Remittance Advice Amount
- Message Board
- National Drug Code (NDC) list (pharmacy providers)

F. Medicaid Matching System

In March 2004, EDS began a process that provides LEAs (or their billing agencies) the Medical Assistance Identification Number of identified students. This process will be executed 3 times per year in March, July, and November. All LEA's interested in participating in the data match for a period will be required to submit files prior to a pre-defined deadline. The LEA will submit their request by the 15th of the month and EDS will process and return the information to the LEA by the end of the same month. If the requested submission date was missed one month, then the LEA would need to wait until the next request date to submit information to EDS.

Below is a summary of the process for LEA Data Match. In order to access information from EDS to provide a Medicaid match for eligible students, an LEA needs to have a signed provider agreement on file with DHS as well as having up to date certification of funds letters on file with DHS. The Data Match will be used to provide LEAs with the Medical Assistance Identification Number of clients; however this will not be a guarantee of eligibility. It is still the provider's responsibility to ensure their students are eligible for services rendered. Eligibility can be verified using either the Recipient Eligibility Verification System (REVS) or through the new Web Eligibility Inquiry System processes described in section E-"Eligibility Verification".

On a CD or diskette please send the following information in a comma or tab-delimited text file:

- Recipient Last Name
- Recipient First Name
- Recipient Initial
- Date of Birth (ccyymmdd format)
- Town Code (If needed back in EDS data match file)

Below are some notes about the file you should send:

- Data should be in the order listed above
- Do not include periods, commas, or hyphens, etc. in the names
- Do not include column names in the file
- If possible, please provide the names in uppercase letters

EDS will process the file against the MMIS Recipient Data evaluating each record for an exact match based on recipient first name, last name, and date of birth. For each record with a match, the following information will be written to a text file and returned to the submitter on CD:

- Recipient Last Name
- Recipient First Name

- Recipient Initial
- Date of Birth (ccyymmdd format)
- Code (from input file)
- Social Security Number

For more information about this process, please contact Karen Richard at EDS by calling at (401) 784-3888 or by e-mailing at: Karen.Richard.eds.com

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G. Rehabilitation Provider Manual

The Department of Human Services has provider manuals designed for all Medical Assistance Providers. The manual that should be referenced for LEAs is the Rehabilitation Provider Reference Manual. The section on special education can be found in pages 300-70-14 through 300-70-19. Copies of this manual are available from the DHS web site at www.dhs.ri.gov/heacre/provsvcs/manuals/rehab/rehabtoc.htm

Highlights of the information in the provider manual include:

- **Preface Information:** This section contains the general Table of Contents, a Desk Reference Guide of DHS and EDS addresses and telephone numbers, and a list of acronyms and abbreviations used in the Medical Assistance Program.
- **Program Information:** This section contains general information about the Medical Assistance Program, including provider and recipient information.
- **General Billing Information:** This section explains the basic standards required for EDS' processing of billing forms.
- **Claim Preparation Instructions:** This section contains claim form completion instructions for specific provider types.
- **Remittance Advice Reconciliation:** This section contains information about claims reconciliation.

IV.
DIRECT SERVICES CLAIMING

A: Free Care Principle

An important requirement within Medicaid is the issue of "free care." Under the free care principle, Medicaid funds may not be used to pay for services that are available without charge to everyone in the community. An important exception to the free care requirements are services provided through IDEA. Section 1903 (c) of the Social Security Act prohibits the Department of Health and Human Services from refusing to pay or otherwise limiting payment for services provided to children with disabilities that are funded under the IDEA through an IEP or IFSP.[12] LEAs are able to submit claims for reimbursement from Medical Assistance for Medicaid beneficiaries even though they do not charge children/families for services provided through Special Education. Although services are exempt from the free care rule, LEAs still need to pursue any liable third party insurers.[13]

B. Third Party Liability (TPL)

Under Medicaid law and regulations, Medicaid is generally the payer of last resort. A third party is any individual, entity or program that is or may be liable to pay all or part of the costs for medical assistance for Medicaid-covered services. Congress intended that Medicaid pay for health care only after a beneficiary's other health care resources were accessed. [14] Even though services provided through IDEA are exempt from the free care principle, LEAs must comply with TPL policies. What this means for LEAs in Rhode Island, is that districts or their billing companies must submit a claim to a third party insurer. If the district receives a denial of payment from the third party insurer for the claim, then the district or its billing company can submit the claim to EDS for payment. There are exceptions to the provisions of Medicaid as the payer of last resort that allows Medicaid to be the primary payer to another Federal or Federally funded program and these include Medicaid-covered services listed on a Medicaid eligible child's IEP/IFSP. Medicaid will pay primary to IDEA.[15]

Federal regulatory requirements for third party liability (TPL) are explicated in Subpart D of 42 CFR 433. It should be noted that Section 433.139 (c) provides: "If the probable existence of third party liability cannot be established or third party benefits are not available to pay the recipient's medical expenses at the time the claim if filed, the agency must pay the full amount allowed under the agency's payment schedule."

[12] OpCit, Medicaid and School Health, 1997 Free Care
[13] Ibid, TPL
[14] Ibid
[15] Ibid, Exceptions to Medicaid as Payer of Last Resort

C. Claims Preparation Activities

a. Pre-Claiming Activities

Once an LEA has enrolled as a provider, it should consider the following activities prior to submitting a claim:

- Designate a person responsible for Medicaid activities
- Medicaid activities include
    - Creating provider log forms
    - Providing staff training
    - Completing LEA/DHS Provider Linkage Forms and returning to EDS for processing
    - Verifying student Medicaid eligibility (through REVS or Web Portal)
    - Creating a system for filing and securing records
    - Identifying reimbursable services through IEP reviews
    - Establishing a system for log collection (usually on a monthly basis)
    - Requesting tuition breakdown from day and residential program providers of educational costs, treatment costs and room & board costs, if appropriate, (refer to pages 49-52 for more detailed information about tuition breakdown)
    - Requesting monthly attendance reports from day and residential program providers
- LEAs may choose to contract with a billing company that will provide some or all of these activities

b. Use of Billing Companies

LEAs that contract with billing companies to submit claims on their behalf should be aware that the LEA is liable for those claims submitted by the billing company. Please note the following taken from page 200-10-2 of the Rehabilitation Provider Manual:

> ″Providers using billing companies for Electronic Media Claims (EMC) or hardcopy claims must ensure that the claims are handled properly. EDS processes claims received from billing companies according to the same policies applied to claims prepared under the direct supervision of the provider. This includes policies on the timely submission of claims. Accuracy of information and timely submission are the provider's responsibility."

c. Record keeping Requirements

LEAs must adhere to record keeping requirements prescribed by the Department of Human Services in conjunction with the Centers for Medicare and Medicaid Services (CMS) for records used to support a Medicaid claim.

The following items are required by DHS and CMS of LEAs for records that support Medicaid claims:

- LEAs must maintain any records used to support a Medicaid claim for *at least 7 years* from date of service
- The records to be maintained include:
    - Copies of Individualized Education Programs (IEPs)
    - Student attendance records (students must be marked present for dates of service that a claim is being submitted)
    - Signed Provider logs or contact sheets
        - Providers must sign their logs
        - Supervisors of paraprofessionals *and* the paraprofessional must sign a paraprofessional's log
    - Completed evaluations
    - Yearly tuition breakdown for day and residential programs
    - Invoices
    - Treatment or care plans
    - Progress notes
- Auditors will verify any records used to support a claim and they could recommend a disallowance of a claim if any piece of information is missing e.g. attendance records, provider logs, IEP in effect for date of service

d. Provider Log Guidelines

The following is intended to guide in the development, dissemination and collection of provider logs used by Local Education Agency staff and/or contracted personnel. The purpose of these logs is to provide the basis for submitting a claim to the Medical Assistance Program for the services provided to students. For a sample log, please see Addendum H. Provider logs for physical therapy, occupational therapy, speech and language therapy and counseling services may be generated from the Special Education Census maintained by each LEA. A sample and instructions for these logs may be found in Addendum H, "Special Education Census Generated Provider Logs".

Provider Log Recommendations:

- Create user-friendly log sheets (including color-coding by month)
- Include staff in the design process
- Use duplicate forms
- Establish cycle for logs returned to central office (monthly, quarterly…)

- Provide staff training for completing logs
- Decide how to file the logs e.g., by service provider, by service, by student records
- It is recommended that logs be created for individual students in adherence to confidentiality requirements of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA)
- If a log contains information about more than one confidentiality, student's identifiable information must be whited out if the log is accessed by someone who does not have the right to view that student's information without an appropriate signed release form.

Minimum information required by DHS and CMS:

- Service Provider
- Type of service
- Length of encounter (e.g. minutes, day)
- Student's name
- Date of service
- Provider signature
    - Includes supervisor signature for paraprofessional logs
- Progress notes (these may be included on the log or as part of a separate record)
    - Progress toward annual goals of the IEP will be created as often as parents are regularly informed (through such means as periodic report cards), at least as often as parents are informed of their non-disabled children's progress.

e. Claiming Activities

The following is a list of activities or considerations that LEAs or a billing company should consider when preparing claims for reimbursement:

- Verify student Medicaid eligibility
    - Staff can verify eligibility through the REVS via telephone
    - Staff can verify eligibility through the DHS Web Portal via computer
- Transfer log information to claim form
- Submit claims within 365 days of the date of service (EDS processes claims approximately every two weeks)
- Develop a system for the dissemination and collection of logs to and from school staff and/or contracted providers
- Ensure contracted providers are enrolled and linked to the LEA's group number (please refer to Section III (D) (c) LEA Linkage Process, p. 12)
- Provide training to staff on how to complete service logs
- A system for submitting claims to EDS should be established
- Claims can be submitted daily, weekly or monthly basis
- Processing timeline is determined by when claims are received by EDS

- Services supported through other federal funds, e.g. IDEA cannot be submitted for reimbursement
- The LEA needs to identify services provided through federal grants and ensure that these are not submitted for reimbursement. For example, if IDEA Part B funds are used to support the salary of a Speech-Language Pathologist (SLP), then a district cannot submit claims for services provided by this SLP.
- LEAs should submit claims for services actually provided to the child. (Although it is possible that the LEA may pay for services not provided to the child through a contract with e.g. a nursing agency or a day or residential treatment, claims may be submitted for only those services received by the child.)

f. Span Date Policy

Span dating is the ability to span the "From" and "Through" dates of service *within a calendar month* for the same service (and procedure code) on a claim. It is important to understand how to span date in order to properly format a claim. There are two types of span dating available:

- Span date policy for services whose units are designated as a day, e.g. Day and Residential treatment services
- Span date policy for claiming services whose units are designated in minutes, ½ hours, one hour or for a completed service.

Span Date Policy for Day or Residential Services: To span date within a calendar month for services where units are based on days in attendance, list the first day of the month as the "from" date of service and the last day of the month as the "through" date of service e.g., 03012004 through 03312004. For the number of units, fill in the number of days the child was **in attendance** for that program for that calendar month. Even though a district may pay the full tuition *regardless* of days in attendance for 180-day, 230-day or 365-day programs, Medicaid will reimburse only for those services *provided* to the eligible student. If a child is absent from a day, or residential program for even one day, the district cannot submit for the entire month, it can only submit for the actual days the child was in attendance.

Span Date Policy for Distinct services: To span date within a calendar month for services whose units are based on 15 minute units, half-hour units, hour units, or completed service units, the "from" and "through" date of service must be for consecutive days for the same procedure code. These services include case management, nursing, therapy services, assistive technology services, personal care services, child outreach services and counseling services.

D. Claims Reconciliation Activities

An important element in maintaining a Medicaid billing system is the reconciliation of claims submitted for payment. Claims submitted for payment to the Medicaid Management Information System (MMIS) are paid, denied or suspended. All providers *should* reconcile their claims to the claims reconciliation information contained in their Remittance Advices (RAs),, which is processed twice a month.

RAs are generated for every provider that has claims processed in a cycle. Active providers will receive an RA in each claims cycle. Paper RAs are mailed to providers. RAs can be accessed on the DHS web site for those providers ***OR*** their billing companies as authorized through an Electronic Data Interchange Trading Partner Agreement. (Please refer to Section III, D b on page 10.)

Claims Reconciliation Guidance:

- Paid claims *should not* be resubmitted (the system will deny payment as a "duplicate claim")
- Denied claims *may be* resubmitted with the corrected information and will be considered a new claim
- If an LEA determines that a claim has been paid incorrectly, then it must complete and submit either a *Single or a Multiple Claims Adjustment Form (*see Addendum I)
- LEAs should monitor any suspended claims, waiting for them to pay or deny before reconciling or resubmitting with corrected information. If claims suspend for several months, then the LEA should contact a provider representative at EDS.

More detailed information about claims reconciliation can be referenced in the Rehabilitation Provider Manual. EDS also mails Provider Updates monthly, typically with the first RA of the month. Provider Updates can be accessed on the DHS web site at: www.dhs.ri.gov/dhs/heacre/provsvcs/mprvlib.htm. These updates include important information for providers that can include billing and reconciliation policy as well as provider training opportunities.

V.
SERVICES:
DEFINITIONS
AND
RECORD KEEPING GUIDELINES

Special Education Medicaid Reimbursable Services

LEAs may submit claims for certain services as authorized by the DHS. The Individual Education Program (IEP) Team identifies the need for most of these services. The exceptions include the following: an evaluation identified as reimbursable by DHS that is used to determine initial eligibility for special education is an allowable claim; certain expanded behavioral health services identified outside the IEP process are reimbursable. These behavioral health services include individual and group counseling sessions provided by a psychologist, social worker or a guidance counselor. The following is a list of services that can be submitted for reimbursement. The section following this list covers qualified personnel, service definitions and record keeping requirements for all reimbursable services.

Physical Therapy: Physical Therapy Evaluation Individual therapy w/Licensed Therapist Program (individual) Program-Group **Occupational Therapy**: Occupational Therapy Evaluation Individual therapy w/Licensed Therapist Program (individual) Program-Group **Speech, Hearing and Language Therapy**: Speech, Hearing, Language Evaluation Individual w/Licensed Therapist Program (individual) Program-Group **Psychological Evaluations**: Psychiatric Evaluation Psychological Evaluation Social Worker Evaluation	**Psychological Counseling:** Psychiatric Individual Counseling Psychological Individual Counseling Social Worker Individual Counseling Guidance Counselor Individual Counseling Counseling Services-Group **Expanded Behavioral Health** Psychiatric Individual Counseling Psychological Individual Counseling Social Worker Individual Counseling Guidance Counselor Individual Counseling Counseling Services-Group **Nursing Services** **Day Program Treatment** **Residential Treatment Program** **Transportation** **Non-Medical Case Management** **Medical Case Management** **Personal Care Attendant** **Assistive Technology Device** **Assistive Technology Service** **Child Outreach Screening** **Child Outreach Re-screening**

Physical Therapy Service Definitions and Record Keeping Requirements

(Please refer to Addendum J for procedure code, rate and diagnosis code list.)

Physical Therapy Service Definitions:

Physical Therapy

Physical Therapy means services provided by a licensed Physical Therapist or by a licensed Physical Therapy Assistant under the supervision of a licensed Physical Therapist.[16]
[Rhode Island Board of Regents for Elementary and Secondary Education Regulations Governing the Education of Children with Disabilities, Section 300.24 (b) (8)]

Physical Therapy Evaluation

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

- A Physical Therapist, licensed by the Rhode Island Department of Health, provides a physical therapy evaluation.
- It is an individual service.
- The evaluation needs to last the minimum time required by DHS for this service.
- The child is Medicaid eligible.
- The evaluation is used to determine eligibility for special education or related services or
- The evaluation is a re-evaluation to determine continued eligibility for special education or related services.

Individual Physical Therapy w/Licensed Physical Therapist

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

- A licensed Physical Therapist provides an individual physical therapy session to a student.
- The individual therapy needs to last the minimum time required by DHS for this service.
- The child is Medicaid eligible.
- The need for services is documented in the child's Individualized Education Program (IEP).

Individual Physical Therapy Program

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

- A Physical Therapy Assistant (PTA) working under the supervision of the licensed Physical Therapist provides individual therapy to a student.
- The individual therapy needs to last the minimum time required by DHS for this service.

[16] OP Cit, RI Regulations §300 24 (b)

- The child is Medicaid eligible.
- The need for services is documented in the child's IEP.

Physical Therapy Program-Group

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

- *Either* a licensed Physical Therapist *or* Physical Therapy Assistant (PTA) provides therapy in a small group setting.
- A claim for group therapy can be made for each Medicaid eligible student in the group.
- The group therapy needs to last the minimum time required by DHS for this service.
- The child is Medicaid eligible.
- The need for services is documented in the child's IEP.

Physical Therapy Record Keeping Requirements:

Evaluations

- The completed evaluation and log of the Evaluation Team must be maintained for initial evaluations.
- The completed evaluation and documentation of the IEP Team evaluation decisions must be maintained.
- A log indicating the time the therapist spent with the student (time to write the evaluation report is calculated in the rate) needs to be maintained.
- Copies of staff licensure are maintained.
- All records used to support a claim must be maintained not less than 7 years.

Individual *or* Small Group Services Provided by the Therapist

- The need for Physical Therapy must be documented in the child's Individualized Education Program (IEP).
- Provider logs must be maintained and include the following information:
    - Student's name
    - Date of service
    - Type of service (evaluation, individual session, small group therapy, case management)
    - Length of service in minutes
    - Provider signature
- Progress notes for services submitted for reimbursement must be maintained as often as required by IDEA.
- Student attendance records
- Copies of staff licensure are maintained.
- All records used to support a claim must be maintained not less than 7 years.

Individual *or* Small Group Services Provided by a licensed Physical Therapy Assistant (PTA)

- The need for Physical Therapy services must be documented in the child's Individualized Education Program (IEP).
- Provider logs must be maintained and include the following information:
    - Student's name
    - Date of service
    - Type of service (individual session, small group therapy, case management)
    - Length of service in minutes (or unit)
    - Provider signature *and* the provider logs must be signed by the supervising licensed Physical Therapist
- Progress notes for services submitted for reimbursement must be maintained as often as required by IDEA
- Student attendance records
- Copies of staff licensure are maintained, where appropriate.
- All records used to support a claim must be maintained not less than 7 years.

Occupational Therapy Service Definitions and Record Keeping Requirements

(Please refer to Addendum J for procedure code, rate and diagnosis code list.)

Occupational Therapy Service Definitions:

Occupational Therapy

Occupational Therapy are services provided by a licensed Occupational Therapist or by a Certified Occupational Therapy Assistant (COTA) under supervision of a licensed Occupational Therapist and includes: improving, developing or restoring functions impaired or lost through illness, injury or deprivation; improving ability to perform tasks for independent functioning if functions are impaired or lost; and preventing, through early intervention, initial or further impairment or loss of function.[17]

Occupational Therapy Evaluation

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

- An Occupational Therapist, licensed by the Rhode Island Department of Health, provides an occupational therapy evaluation.
- It is an individual service.
- The evaluation needs to last the minimum time required by DHS for this service.
- The child is Medicaid eligible.
- The evaluation is used to determine eligibility for special education or related services or
- The evaluation is a re-evaluation to determine continued eligibility for special education or related services.

Individual Occupational Therapy w/Licensed Occupational Therapist

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

- A licensed Occupational Therapist provides an individual physical therapy session to a student.
- The individual therapy lasts the minimum time required by DHS for this service.
- The child is Medicaid eligible.
- The need for services is documented in the child's Individualized Education Program (IEP).

Individual Occupational Therapy Program

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

[17] Ibid §300.24(b) (5)

- A Certified Occupational Therapy Assistant (COTA) working under the supervision of

the licensed Occupation Therapist provides individual therapy to a student.
- The individual therapy lasts the minimum time required by DHS for this service.
- The child is Medicaid eligible.
- The need for services is documented in the child's IEP.

Occupational Therapy Program-Group

This service is reimbursable when *either* a licensed Occupational Therapist *or* Certified Occupational Therapy Assistant (COTA) provides therapy in a small group setting. A claim for group therapy can be made for each Medicaid eligible student in the group. A claim for reimbursement from Medicaid can be made when the following criteria are met:

- The group therapy lasts the minimum time required by DHS for this service.
- The child is Medicaid eligible.
- The need for services is documented in the child's Individualized Education Program (IEP).

Occupational Therapy Record Keeping Requirements:

Evaluations

- A log indicating the time the therapist spent with the student (time to write the evaluation report is calculated in the rate)
- The completed evaluation and log of the Evaluation Team must be maintained for initial evaluations.
- The completed evaluation and documentation of the IEP Team evaluation decisions must be maintained
- Copies of staff licensure are maintained.
- All records used to support a claim must be maintained not less than 7 years.

Individual *or* Small Group Services Provided by the Therapist

- The need for Occupational Therapy services must be documented in the child's Individualized Education Program (IEP).
- Provider logs must be maintained and include the following information:
    - Student's name
    - Date of service
    - Type of service (evaluation, individual session, small group therapy, case management)
    - Length of service in minutes (or unit)
    - Provider signature
- Progress notes for services submitted for reimbursement must be maintained as often as required by IDEA.
- Student attendance records
- Copies of staff licensure are maintained.
- All records used to support a claim must be maintained not less than 7 years.

Individual *or* Small Group Services Provided by an Appropriately Credentialed Paraprofessional Working Under the Supervision of the Therapist (e.g. Certified Occupational Therapy Assistant (COTA)

- The need for Occupational therapy services must be documented in the child's Individualized Education Program (IEP).
- Provider logs must be maintained and include the following information:
  - Student's name
  - Date of service
  - Type of service (evaluation, individual session, small group therapy, case management)
  - Length of service in minutes (or unit)
  - Provider signature *and* the provider logs must also be signed by the supervising licensed Occupation Therapist
- Progress notes for services submitted for reimbursement must be maintained as often as required by IDEA.
- Student attendance records
- Copies of staff licensure are maintained, where appropriate.
- All records used to support a claim must be maintained not less than 7 years

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Speech And Hearing And Language (SHL) Therapy Service Definitions and Record Keeping Requirements

(Please refer to Addendum J for procedure code, rate and diagnosis code list.)

Speech Hearing and Language (SHL) Therapy Service Definitions:

Speech Hearing and Language Services

Includes: identification of children with speech or language impairments; diagnosis and appraisal of specific speech or language impairments; referral for medical or other professional attention necessary for the habilitation of speech or language impairments; provision of speech and language services for the habilitation or prevention of communicative impairments; and counseling and guidance of parents, children and teachers regarding speech and language impairments.[18]

Speech Hearing and Language Evaluation

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

- A speech or hearing evaluation is provided by a Speech-Language Pathologist certified by the Rhode Island Department of Elementary and Secondary Education or by a Speech-Language Pathologist licensed by the Rhode Island Department of Health
- The evaluation needs to last the minimum time required by DHS for this service.
- The child is Medicaid eligible.
- The evaluation is used to determine eligibility for special education or related services or
- The evaluation is a re-evaluation to determine continued eligibility for special education or related services.

Individual Speech Hearing and Language with a Speech Language Pathologist (SLP)

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

- A Speech-Language Pathologist certified by the Rhode Island Department of Elementary and Secondary Education or a Speech-Language Pathologist licensed by the Rhode Island Department of Health provides an individual speech or hearing session to a student.
- The individual therapy needs to last the minimum time required by DHS for this service.
- The child is Medicaid eligible.
- The need for service is documented in the child's IEP.

Individual Speech Hearing and Language Program

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

[18] Ibid §300.24 (b) (14)

- A paraprofessional working under the supervision of a Speech-Language Pathologist certified by the Rhode Island Department of Elementary and Secondary Education, or a Speech-Language Pathologist licensed by the Rhode Island Department of Health provides an individual speech or hearing session to a student. This includes individuals who have received emergency certification as a school Speech-Language Pathologist from RIDE per RIGL 16-25.3-2
- The individual therapy needs to last the minimum time required by DHS for this service.
  - The child is Medicaid eligible.
  - The need for service is documented in the child's Individualized Education Program (IEP).

Speech Hearing and Language Therapy Program/Group

A claim for group therapy can be filed for each Medicaid eligible student in the group. This service may be submitted for reimbursement from Medicaid when the following criteria are met:

- Speech Hearing and Language therapy is provided in a small group setting by a Speech-Language Pathologist certified by the Rhode Island Department of Elementary and Secondary Education, or a Speech-Language Pathologist licensed by the Rhode Island Department of Health *or*
- Speech Hearing and Language therapy is provided in a small group therapy by a paraprofessional working under the supervision of a Speech-Language Pathologist certified by the Rhode Island Department of Elementary and Secondary Education, or under the supervision of a Speech-Language Pathologist licensed by the Rhode Island Department of Health. This includes individuals who have received emergency certification as a school Speech-Language Pathologist from RIDE per RIGL 16-25.3-2.
  - The group therapy needs to last the minimum time required by DHS for this service.
  - The child is Medicaid eligible
  - The need for service is documented in the child's Individualized Education Program (IEP).

Speech and Language Therapy Record Keeping Requirements:

Evaluations

- The completed evaluation and log of the Evaluation Team must be maintained for initial evaluations.
- The completed evaluation and documentation of the IEP Team evaluation decisions must be maintained.
- A log indicating the time the therapist spent with the student (time to write the evaluation report is calculated in the rate).
- Copies of staff licensure or certification are maintained.
- All records used to support a claim must be maintained not less than 7 years.

Individual *or* Small Group Services Provided by the Therapist

- The need for Speech Hearing and Language services must be documented in the child's IEP.
- Provider logs must be maintained and include the following information:
    - Student's name
    - Date of service
    - Type of service (evaluation, individual session, small group therapy, case management)
    - Length of service in minutes (or unit)
    - Provider signature
- Progress notes for services submitted for reimbursement must be maintained as often as required by IDEA.
- Student attendance records
- Copies of staff licensure or certification are maintained.
- All records used to support a claim must be maintained not less than 7 years.

Individual *or* Small Group Services Provided by an Appropriately Credentialed Paraprofessional Working Under the Supervision of the Speech Language Pathologist

- The need for Speech Hearing and Language services must be documented in the child's Individualized Education Program (IEP).
- Provider logs must be maintained and include the following information:
    - Student's name
    - Date of service
    - Type of service (evaluation, individual session, small group therapy, case management)
    - Length of service in minutes (or unit)
    - Provider signature *and* the provider logs must also be signed by an appropriately credentialed Speech-Language Pathologist
- Progress notes for services submitted for reimbursement must be maintained as often as required by IDEA.
- Student attendance records
- All records used to support a claim must be maintained not less than 7 years.

Evaluations Definitions and Record Keeping Requirements

(Please refer to Addendum J for procedure code, rate and diagnosis code list.)

Definition of Psychological Services:

Evaluation services include administering psychological and educational tests, interpreting assessment results; obtaining, integrating, and interpreting information about child behavior and conditions related to learning; planning and managing a program of psychological services, including psychological counseling for children; assisting in developing positive behavioral intervention strategies as they relate to the child's learning.[19]

Psychiatric Evaluation by an MD

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

- A board certified MD provides a psychological evaluation.
- It is an individual service.
- The evaluation needs to last the minimum time required by DHS.
- The child is Medicaid eligible.
- The evaluation is used to determine eligibility for special education or related services or
- The evaluation is a re-evaluation to determine continued eligibility for special education or related services.

Record keeping requirements:

- Child's Individualized Education Program (IEP)
- The completed evaluation and log of the Evaluation Team must be maintained for initial evaluations
- The completed evaluation and documentation of the IEP Team evaluation decisions must be maintained.
- Copies of staff licensure or certification are maintained
- Child's attendance records
- Provider signature

Psychological Evaluation by a Clinical Psychologist or a Certified School Psychologist

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

- A Clinical Psychologist or a Certified School Psychologist provides a psychological evaluation.
- It is an individual service.
- The evaluation needs to last the minimum time required by DHS
- The child is Medicaid eligible.

[19] Rhode Island Board of Regents for Elementary and Secondary Education Regulations Governing the Education of Children with Disabilities, Section 300.24 (b) (9)

- The evaluation is used to determine eligibility for special education or related services or
- The evaluation is a re-evaluation to determine continued eligibility for special education or related services.

Record keeping requirements:

- Child's Individualized Education Program (IEP)
- The completed evaluation and log of the Evaluation Team must be maintained for initial evaluations.
- The completed evaluation and documentation of the IEP Team evaluation decisions must be maintained.
- Copies of staff licensure or certification are maintained
- Child's attendance records
- Provider signature
- All records used to support a claim must be maintained not less than 7 years

Clinical Assessment a Social Worker

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

- A LICSW or a Certified School Social Worker provides a clinical assessment or Mental Health evaluation..
- It is an individual service.
- The evaluation needs to last the minimum time required by DHS.
- The child is Medicaid eligible.
- The evaluation is used to determine eligibility for special education or related services or
- The evaluation is a re-evaluation to determine continued eligibility for special education or related services.

Record keeping requirements:

- Child's Individualized Education Program (IEP)
- The completed evaluation and log of the Evaluation Team must be maintained for initial evaluations
- The completed evaluation and documentation of the IEP Team evaluation decisions must be maintained.
- Copies of staff licensure or certification are maintained
- Child's attendance records
- Provider signature
- All records used to support a claim must be maintained not less than 7 years

Counseling Definitions and Record Keeping Requirements

(Please refer to Addendum J for procedure code, rate and diagnosis code list.)

Definition of Counseling Services:

Counseling services include administering psychological and educational tests, interpreting assessment results; obtaining, integrating, and interpreting information about child behavior and conditions related to learning; planning and managing a program of psychological services, including psychological counseling for children; assisting in developing positive behavioral intervention strategies as they relate to the child's learning.[20]

A psychiatric; certified school psychologist, licensed clinical psychologist, a certified school social worker, a licensed social worker or a certified school guidance counselor may provide counseling as identified through the IEP process in individual or small group sessions.

Individual Psychiatric counseling by a Psychiatrist

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

- A Psychiatrist or a Certified School Psychologist provides an individual psychological counseling session.
- The counseling session needs to last the minimum time required by DHS.
- The child is Medicaid eligible.
- Provider logs are maintained supporting the delivery of the service

Individual Psychological Counseling by a Clinical Psychologist or Certified School Psychologist

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

- A Clinical Psychologist or a Certified School Psychologist provides an individual psychological counseling session.
- The counseling session needs to last the minimum time required by DHS.
- The child is Medicaid eligible.
- Provider logs are maintained supporting the delivery of the service.

Record Keeping Requirements:

- Child's Individualized Education Program (IEP)
- Child's attendance records
- Provider logs must be maintained and include the following information:
    - Student's name
    - Date of service
    - Type of service (individual session, small group therapy, case management)
    - Length of encounter in minutes (or unit)
    - Provider signature
- Copies of staff licensure or certification are maintained
- Progress notes for services submitted for reimbursement must be maintained as

often as required by IDEA

Individual Social Worker Counseling by a Licensed Social Worker or Certified School Social Worker

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

- A LICSW or a Certified School Social Worker provides an individual counseling session.

[20] Ibid

- The counseling session needs to last the minimum time required by DHS.
- The child is Medicaid eligible.
- Provider logs are maintained supporting the delivery of the service.

Record Keeping Requirements:

- Child's Individualized Education Program (IEP)
- Child's attendance records
- Provider logs must be maintained and include the following information:
    - Student's name
    - Date of service
    - Type of service (individual session, small group therapy, case management)
    - Length of encounter in minutes (or unit)
    - Provider signature
- Copies of staff licensure or certification are maintained
- Progress notes for services submitted for reimbursement must be maintained as often as required by IDEA
- All records used to support a claim must be maintained not less than 7 years

Individual Guidance Counselor Counseling

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

- A Certified School Guidance Counselor provides an individual counseling session.
- The counseling session needs to last the minimum time required by DHS.
- The child is Medicaid eligible.
- Provider logs are maintained supporting the delivery of the service.

Record Keeping Requirements:

- Child's Individualized Education Program (IEP)
- Child's attendance records
- Provider logs must be maintained and include the following information:
    - Student's name
    - Date of service
    - Type of service (individual session, small group therapy, case management)
    - Length of encounter in minutes (or unit)

    - Provider signature
- Copies of staff licensure or certification are maintained
- Progress notes for services submitted for reimbursement must be maintained as often as required by IDEA
- All records used to support a claim must be maintained not less than 7 years

Small Group Counseling

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

- A Psychiatrist, Clinical Psychologist, Certified School Psychologist, Licensed Social Worker, Certified School Social Worker, or Certified School Guidance Counselor provides a group counseling session.
- The counseling session needs to last the minimum time required by DHS.
- The child is Medicaid eligible.
- A claim for group therapy can be made for each Medicaid eligible student in the group.
- Provider logs are maintained supporting the delivery of the service.

Record Keeping Requirements

- Child's Individualized Education Program (IEP)
- Child's attendance records
- Provider logs must be maintained and include the following information:
    - Student's name
    - Date of service
    - Type of service (individual session, group therapy, case management)
    - Length of encounter in minutes (or unit)
    - Provider signature
- Copies of staff licensure or certification are maintained
- Progress notes for services submitted for reimbursement must be maintained as often as required by IDEA
- All records used to support a claim must be maintained not less than 7 years

Expanded Behavioral Health Counseling Services and Record Keeping Requirements

(Please refer to Addendum J for procedure code, rate and diagnosis code list.)

Definition of Expanded Behavioral Health Services:

Expanded Behavioral Health Counseling includes administering psychological and educational tests, and other assessment procedures; interpreting assessment results; obtaining, integrating, and interpreting information about child behavior and conditions related to learning; planning and managing a program of psychological services, including psychological counseling for children; assisting in developing positive behavioral intervention strategies. [21]

A Psychiatrist, Certified School Psychologist, Clinical Psychologist, a Certified School Social Worker, a LICSW or a Certified School Guidance Counselor may provide individual or small group counseling as identified through a Treatment Plan. (Refer to Addendum K for a sample Treatment Plan)

Expanded Behavioral Health Individual Counseling by a Psychiatrist, Clinical Psychologist or Certified School Psychologist

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

- A Clinical Psychologist or a Certified School Psychologist provides an individual psychological counseling session.
- The counseling session needs to last the minimum time required by DHS.
- The child is Medicaid eligible.
- Provider logs are maintained supporting the delivery of the service.

Record Keeping Requirements:

- Child's Individual Education Program (IEP)
- Child's Individual Treatment Plan
- Child's attendance records
- Provider logs must be maintained and include the following information:
    - Student's name
    - Date of service
    - Type of service (individual session, small group therapy, case management)
    - Length of encounter in minutes (or unit)
    - Provider signature
- Copies of staff licensure or certification are maintained
- Progress notes are maintained
- All records used to support a claim must be maintained not less than 7 years

Expanded Behavioral Health Individual Counseling by a LICSW or Certified School Social Worker

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

21 Ibid

- A LICSW or a Certified School Social Worker provides an individual counseling session.
- The counseling session needs to last the minimum time required by DHS.
- The child is Medicaid eligible.
- Provider logs are maintained supporting the delivery of the service.
- A Treatment Plan is maintained.

Record Keeping Requirements:

- The Child's Individual Education Program (IEP)
- The Child's Individual Treatment Plan
- Child's attendance records
- Provider logs must be maintained and include the following information:
    - Student's name
    - Date of service
    - Type of service (individual session, small group counseling, case management)
    - Length of encounter in minutes (or unit)
- Provider signature
- Copies of staff licensure or certification are maintained
- Progress notes are maintained

Expanded Behavioral Health Individual Psychological Counseling by a Certified School Guidance Counselor

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

- A Certified School Guidance Counselor provides an individual counseling session.
- The counseling session needs to last the minimum time required by DHS.
- The child is Medicaid eligible.
- Provider logs are maintained supporting the delivery of the service.
- A Treatment Plan is maintained.

Record Keeping Requirements:

- Child's Individual Education Program (IEP)
- Child's Individual Treatment Plan
- Child's attendance records
- Provider logs must be maintained and include the following information:
    - Student's name
    - Date of service
    - Type of service (individual session, small group counseling, case management)
    - Length of encounter in minutes (or unit)
    - Provider signature
- Copies of staff licensure or certification are maintained
- Progress notes are maintained

- All records used to support a claim must be maintained not less than 7 years

Expanded Behavioral Health Group Psychological Counseling

This service is reimbursable by an LEA when the following criteria are met:

- A Psychiatrist, Clinical Psychologist, Certified School Psychologist, Licensed Social Worker, Certified School Social Worker, or Certified School Guidance Counselor provides a group counseling session.
- The counseling session needs to last the minimum time required by DHS.
- The child is Medicaid eligible.
- A claim for group therapy can be made for each Medicaid eligible student in the group.
- Provider logs are maintained supporting the delivery of the service.

Record Keeping Requirements:

- Child's Individual Education Program (IEP)
- Child's Individual Treatment Plan
- Child's attendance records
- Provider logs must be maintained and include the following information:
    - Student's name
    - Date of service
    - Type of service (individual session, small group therapy, case management)
    - Length of encounter in minutes (or unit)
    - Provider signature
- Copies of staff licensure or certification are maintained
- Progress notes are maintained
- All records used to support a claim must be maintained not less than 7 years

Nursing Services Definitions and Record Keeping Requirements

(Please refer to Addendum J for procedure code, rate and diagnosis code list.)

Nursing Services Definitions:

LEAs may submit claims for individual nursing services. Claims are for individual skilled provided to eligible students for *non-routine* services. Non-routine services include the special needs of children enrolled in special education who require tracheotomies, catheters, ventilators and medically necessary services for the medically fragile. This can include the one-to-one nursing services provided during transportation to and from school as well as the one-to-one services provided during the school day.

This service may be submitted for reimbursement from Medicaid when the following criteria are met:

- A certified School Nurse Teacher or a registered nurse provides individual nursing services.
- The session needs to last the minimum time required by DHS.
- LEA's can bill only for the time that the nurse is providing nursing care to the child.
- The child is Medicaid eligible.
- Provider logs including physician's orders are maintained supporting the delivery of the service.

Record Keeping Requirements:

- Child's Individualized Education Program (IEP) and/or Individual Health Plan (per RI School Health Regulations)
- Child's attendance records
- Physician's Orders
- Provider logs must be maintained and include the following information:
    - Student's name
    - Date of service
    - Type of service
    - Length of encounter in minutes (or unit)
    - Provider signature
- Copies of RN licensure are maintained
- Progress notes for services submitted for reimbursement must be maintained as often as required by IDEA
- All records used to support a claim must be maintained not less than 7 years

Day Program Treatment Definition and Record Keeping Requirements

(Please refer to Addendum J for procedure code, rate and diagnosis code list.)

Day Program Treatment Definition:

The IEP team may decide that in order for a child to receive the services identified in the IEP, the child must receive his/her education and related services in an "out of district" program. These are known as day programs because the child does not live at the facility, but continues to live at home and is transported daily to the day program. LEAs may submit claims for services provided by other LEAs or by school programs approved by RIDE known an non-public programs.

Prior to the start of each school year, or prior to the enrollment of a child in a day program, the sending school district must request from the Day Program provider the following information:

- The yearly tuition for the program *and*
- A breakdown of the daily cost of the program (known as tuition) into daily educational costs *and* into daily treatment costs

In order to calculate the daily educational costs and daily treatment costs, the Day Program Provider should use the following formula:

- Divide the total yearly tuition amount by the total number of days of the program e.g. 180 days or 230 days, this amount equals the daily rate.
- The daily rate then needs to be broken down into "daily treatment costs" and "daily educational costs".
- Treatment costs to be taken into consideration when assigning a daily treatment rate include the cost of the following activities:

  Physical therapy, occupational therapy, speech-language pathology, psychological counseling services, case management and any other services included in the basic tuition costs, e.g. nursing services, personal care services, assistive technology services
- This daily treatment rate is the rate used for reimbursement of this service.
- Educational costs, *which are not reimbursable,* include the cost for the following activities:

  Cost related to the development of the content, methodology or the delivery of specially designed instruction, including materials, staff salaries and benefits.

The school district must also request from the Day Program Provider monthly attendance reports for each calendar month a student attends the Day Program. The district may only submit claims for the number of days within each calendar month that a child attends the Day Program. The district may span date for the entire calendar month and use for units the total number of days the child attends the program that month.

If a child requires services beyond those included in the annual tuition costs of the Day Program, which are not factored into the tuition/costs of the Program, then a Day Program may submit logs for these services in order for the LEA to submit claims for these services. For example, a child may require a personal care attendant or non-routine nursing care or additional therapies that are not part of the program.

Claims for day programs may be submitted for reimbursement from Medicaid when the following criteria are met:

- A certified day program provide services as identified by the child's IEP.
- The child is Medicaid eligible.
- Invoices describing the tuition break down are maintained.
- Child's attendance records are maintained.

Day Program Record keeping Requirements:

- Child's Individualized Education Program (IEP)
- Daily tuition rates (broken down by treatment and educational costs)
- Monthly attendance reports
- Purchasing orders or invoices
- Provider Logs for documentation when services are provided in addition to those as part of the regular day program e.g. nursing, personal care services or additional therapies
    - Provider logs must be maintained and include the following information:
        - Student's name
        - Date of service
        - Type of service (individual session, small group therapy, case management)
        - Length of encounter in minutes (or unit)
        - Provider signature
    - Copies of staff licensure or certification are maintained
    - Progress notes for services submitted for reimbursement must be maintained as often as required by IDEA

Residential Treatment Definition and Record Keeping Requirements

(Please refer to Addendum J for procedure code, rate and diagnosis code list.)

Residential Treatment Definition:

The IEP team may decide that in order for a child to receive the services identified in the IEP, the child must receive its education and related services in a Residential Treatment program. These are known as Residential programs because the child lives at the facility. LEAs may submit claims for the treatment services provided by Residential Programs.

Prior to the start of each school year, or prior to the enrollment of a child in a Residential program, the LEA must request the following information from the Residential Program:

- The yearly tuition for the program *and*
- A breakdown of the daily cost of the program (known as tuition) into daily educational costs *and* into daily treatment costs *and* into daily room and board costs

In order to calculate the daily educational costs, daily treatment costs and daily room and board, the Residential Program Provider should use the following formula:

- Divide the total yearly tuition amount by the total number of days of the program e.g. 180 days, 230 days or 365 days; this amount equals the daily rate.
- The daily rate then needs to be broken down into "daily treatment costs", "daily educational costs" and "daily room and board costs".
- Treatment costs to be taken into consideration when assigning a daily treatment rate include the cost of the following activities:

  Physical therapy, occupational therapy, speech-language pathology, psychological counseling services, case management and any other services included in the basic tuition costs, e.g. nursing services, personal care services, assistive technology services
- This daily treatment rate is the rate used for reimbursement of this service.
- Educational costs, *which are not reimbursable*, include the cost for the following activities:

  Cost related to the development of the content, methodology or the delivery of specially designed instruction, including materials, staff salaries and benefits.
- Room and board costs are those costs for providing food and shelter for the child in this program. *If* the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredits a Residential Facility, *then* the costs for room and board are also reimbursable.

The school district must also request from the Residential Program Provider monthly attendance reports for each calendar month a student attends at the Program. The district may only submit claims for the number of days within each calendar month that a child attends the Program. The district may span date for the entire calendar month and use for units the total number of days the child attends the program that month. To calculate the total rate, multiply the number of days in

attendance that calendar month by the daily treatment rate. *If* the facility is JCAHO accredited, *add* the treatment rate and the room and board rate then multiply this combined rate by the number of days in attendance for that calendar month.

If a child requires services beyond those included in the annual tuition costs of the Residential Program, which are not factored into the tuition/costs of the Program, then a Residential Program may submit logs for these services in order for the LEA to submit claims for these services. For example, a child may require a personal care attendant or non-routine nursing care or additional therapies that are not part of the program.

Residential Treatment Program services may be submitted for reimbursement from Medicaid when the following criteria are met:

- A residential treatment program provides the services as identified by the child's IEP.
- The child is Medicaid eligible.
- Invoices describing the tuition break down are maintained.
- Child's attendance records are maintained.

Residential Program Record Keeping Requirements:

- Child's Individualized Education Program (IEP)
- Daily tuition rates (broken down by treatment, educational and room & board costs)
- Monthly attendance reports
- Purchasing orders or invoices
- Provider Logs for documentation when additional services are provided e.g. nursing, personal care services or additional therapies containing the following information:
    - Student's name
    - Date of service
    - Type of service (individual session, small group therapy, case management)
    - Length of encounter in minutes (or unit)
    - Provider signature
- Copies of staff licensure or certification are maintained
- Progress notes for services submitted for reimbursement must be maintained as often as required by IDEA

Transportation Definition and Record Keeping Requirements

(Please refer to Addendum J for procedure code, rate and diagnosis code list.)

Transportation Definition:

The Rhode Island Medical Assistance program will pay for round trip transportation to and from school based services for children under IDEA when both of the following conditions are met:

1) The child receives transportation to obtain a Medicaid-covered service (other than transportation), and
2) Both the Medicaid-covered service and the need for transportation are included in the child's IEP or IFSP.
3) The transportation is provided in accordance with all applicable federal and state laws

On any day the above two conditions are met, Medicaid payment for transportation to and from school is available.

If a child receives a Medicaid-covered IDEA service at an off-site facility during the school day, the cost of transportation from the school to the facility and back to the school would be reimbursable.[22]

Record Keeping Requirements:

Documentation includes:

- The child's Individualized Education Program (IEP)
- Provider logs must be maintained and include the following information:
  - Student's name
  - Date of service
  - Type of service
  - Provider signature
  - Roundtrip transportation was provided
- Student attendance records
- All records used to support a claim must be maintained not less than 7 years

[22] Op Cit. Medicaid and School Health, 1997, Transportation

Case Management Definition and Record Keeping Requirements

(Please refer to Addendum J for procedure code, rate and diagnosis code list.)

Case Management Definition:

The Rhode Island Medical Assistance Program can reimburse LEAs for case management provided to students receiving special education and related services. Case Management is an activity which assists individuals eligible for Medicaid in gaining and coordinating access to necessary care and other services appropriate to the needs of the individual. For children enrolled in RIte Care who have special health care needs, active case management of the child's medical needs and health services is provided directly by the Health Plan case management unit. In such cases, the school should not duplicate the medical case management role of the plan, but instead, the school's case manager can complement the role of the health plan case manager by providing "non-medical" case management for these children, that is, reaching beyond medical care coordination to coordinate access to/arrange a broad range of services. Schools are well situated to reach beyond the coordination of medical care, since they have access to the majority of children and adolescents on a daily basis, and can coordinate important linkages for the child and family with vocational, social, and other supportive services. Such coordination of services is essential to maximize a child's access to an array of coordinated, needed services, while preventing duplication. Among other activities, case management can be used to assist families in identifying and choosing providers, scheduling appointments, accessing transportation, maintaining records (including up-to-date assessments and evaluations), and helping families to maintain contact with providers.

Care coordination, including aspects of case management, has always been an integral component of the EPSDT program. The purpose of case management in the EPSDT program is to assist children in arranging and obtaining health and related services in their communities. Since EPSDT screening, diagnosis, and treatment activities are frequently not conducted at one time or in one place, case management is critical to ensure that a child receives appropriate services on a timely basis.

Case management may be used to reach out beyond the bounds of the Medicaid program to coordinate access to a broad range of services. The following are examples of appropriate case management services:

- Assisting an adolescent whose parent is an abusive alcoholic to gain access to Alateen.
- Assisting the parents of a child who is developmentally disabled in accessing needed services.
- Providing assistance to parents in scheduling appointments for a child with a severe health problem.
- Assisting in coordinating and arranging for services for an adolescent whose parent has experienced domestic violence.

Claims should be fully documented and should include date of service, name of recipient, nature, extent or units of service and place of service.[23]

The following is a list of frequently misunderstood services that are **not** acceptable Case Management Services:

- Assessment costs for determining the individual's need for a physical or psychological examination or evaluation;

- The provision of any medical treatment or service;
- Discharge planning from an institution (this is already required as a condition of payment of a hospital, NF and ICF/MR;
- Administrative activities such as eligibility determination, screening, intake, outreach and utilization review;
- Formal advocacy and developing new provider resources;
- Payment for the cost of the administration of other services or programs to which a recipient is referred;
- General administrative expenses of the Medicaid program; and
- Prior authorization of services[24]

[23] Ibid Case Management
[24] Ibid

Case Management Record Keeping Requirements:

Case management may be submitted for reimbursement from Medicaid when the following criteria are met:

- A case manager, assigned to a student, provides the allowable activities described above in accordance with the student's IEP.
- The activities provided need to last the minimum time required by DHS for this service.
- The child is Medicaid eligible.
- The child's IEP includes case management as a service the child will receive.
- Child's Individualized Education Program (IEP) must stipulate that case management services will be provided.
- Provider logs must be maintained and include the following information:
    - Student's name
    - Date of service
    - Type of service
    - Place of service
    - Length of encounter in minutes (or unit)
    - Provider signature
- All records used to support a claim must be maintained not less than 7 years.

Personal Care Definition and Record Keeping Requirements

(Please refer to Addendum J for procedure code, rate and diagnosis code list.)

Personal Care Definition:

Services provided by a Personal Care Attendant in the school setting and identified in a child's Individualized Education Program (IEP) include assistance with eating, personal hygiene, and other activities of daily living (including assistance provided to support the child in his/her educational setting).

The following information was adapted from the CMS's State Medicaid Manual section on Personal Care Services (10-99, 4480, Rev. 73, 4-495).

Personal Care Services include a range of assistance provided to students with disabilities and chronic conditions, which enables them to accomplish tasks that they would normally do for themselves if they did not have a disability. Assistance may be in the form of hands-on assistance (actually performing a personal care task for a student) or cuing so that the student performs the task by him/herself. Such assistance most often relates to performance of Activities of Daily Living (ADLs). ADLs include eating, bathing, dressing, toileting, transferring, and maintaining continence. Personal care services can be provided on a continuing basis or on episodic occasions. Skilled services that may be performed only by a licensed health care professional are not considered personal care services.

IADLs: Instrumental activities of daily living include activities associated with independent living necessary to support the ADLs (e.g., use of the telephone, ability to do laundry, and shopping).

Cognitive Impairments: A student may be physically capable of performing ADLs but may have limitations in performing these activities because of a cognitive impairment. Personal care services may be required because a cognitive impairment prevents an individual from knowing when or how to carry out the task. In such cases, personal assistance may include cuing along with supervision to ensure that the individual performs the task.

Physical Impairments: A student may be physically incapable of performing ADLs because of an impairment that affects mobility or activities of daily living. These impairments can include blindness, hearing impairments, cerebral palsy, and traumatic brain injury for example. Students with such disabilities may require assistance in navigating their educational environment and with other ADLs.

The need for personal care services must be identified in the student's IEP. Some students may require assistance for transitioning from one area of the school to another, others may require assistance with toileting or feeding and others may require these services for the entire school day. The personal care attendant may be assigned to the student for the entire school day or may be assigned for portions of the school day, depending on the needs of the child.

Personal Care service is reimbursable by an LEA when the following criteria are met:

- A Personal Care Assistant (PCA) working under the supervision of the classroom teacher or other appropriately credentialed staff in the school setting provides one to one assistance to a student.
- The individual assistance needs to last the minimum time required by DHS for this service.
- The child is Medicaid eligible.
- The need for services is documented appropriately in the child's IEP.

Record Keeping Requirements:

- The child's Individualized Education Program (IEP)
- Provider logs must be maintained and include the following information:
    - Student's name
    - Date of service
    - Type of service
    - Length of encounter in minutes (or unit)
    - Provider signature
    - The provider logs must be signed by the person who supervises the PCA
- Progress notes for services submitted for reimbursement, when appropriate, must be maintained as often as required by IDEA
- Student attendance records
- All records used to support a claim must be maintained not less than 7 years.

Assistive Technology (AT) Service and Assistive Technology Device Definitions *and* Record Keeping Requirements

(Please refer to Addendum J for procedure code, rate and diagnosis code list.)

a. Assistive Technology Service

Definition:

An Assistive Technology Service is any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. The term includes:

- The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment.
- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for children with disabilities.
- Selecting, designing, fitting, customizing, adapting, applying, retaining, repairing or replacing assistive technology devices.
- Coordination and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs.
- Training or technical assistance for a child with a disability or, if appropriate, that child's family.
- Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers or other individuals who provide services to employers, or who otherwise are substantially involved in the major life functions of the child with disabilities.[25]

Record Keeping Requirements:

- The activities provided need to last the minimum time required by DHS for this service.
- The child is Medicaid eligible.
- The need for services is documented appropriately in the child's Individualized Education Program (IEP).
- The completed evaluation and log of the Evaluation Team must be maintained for initial evaluations.
- The completed evaluation and documentation of the IEP Team evaluation decisions must be maintained.
- Provider logs must be maintained and include the following information:
    - Student's name
    - Date of service
    - Type of service

[25] Op Cit, IDEA §300.6

        - Describing what kind of service e.g., evaluation, repair, training…
    - Length of service in minutes (or unit)
    - Provider signature
- Progress notes for services submitted for reimbursement must be maintained as often as required by IDEA
- Student attendance records, when appropriate, for example a child does not need to be in attendance the day a device is being serviced or repaired.
- All records used to support a claim must be maintained not less than 7 years.

b. Assistive Technology Device

Definition:

An Assistive Technology Device is any item, piece of equipment, or product system, whether acquired commercially off-the-shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities.[26]

Under Medicaid rules, if a child's Medicaid benefits are accessed to purchase a piece of equipment, including assistive technology, the equipment *belongs* to the child and must be available for the child's use outside the school setting.

Record Keeping Requirements:

- The child is Medicaid eligible.
- The child's Individualized Education Program (IEP) stating the need for an Assistive Technology device
- Invoice for the device must be maintained and include the following information:
    - Date of invoice
    - Type of device
    - Cost of the device
- All records used to support a claim must be maintained not less than 7 years.

26 Ibid, §300.5

Child Outreach: Screening and Re-Screening

(Please refer to Addendum J for procedure code, rate and diagnosis code list.)

Service definition:

a. Screening: All school departments in Rhode Island provide Child Outreach Screening services for children aged 3-5 years old. Trained staff provides these screenings and they assess a child's development. Screening components include hearing, vision, speech and developmental skills.

b. Re-screening: Children are asked back for a re-screening if an area of concerns arises after the initial screening. The re-screening includes any areas of concern and is provided by trained staff.

Record Keeping Requirements:

- The activities provided need to last the minimum time required by DHS for this service.
- The child is Medicaid eligible.
- A copy of the completed screening or re-screening
- All records used to support a claim must be maintained not less than 7 years.

VI.

ROLES AND RESPONSIBILITIES FOR SCHOOL ADMINISTRATORS

Responsibilities for school administrators, including Superintendents, Business Managers, and Directors of Special Education may include:

- Signing the Interagency provider agreement with the Department of Human Services
- Certifying Local Funds quarterly
- Creating or selecting log forms for service providers
- Organizing/providing staff training for completion of logs
- Overseeing a system for log distribution, collection and maintenance
- Providing or arranging for IEP training to document services appropriately
- Overseeing remittance advice reconciliation
- District administrators should be aware that Medicaid revenues and expenses must be reported to the RIDE as part of district fiscal reporting requirements (e.g. In$ite)

VII.
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
AND
THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

Background:

The law known as "HIPAA" stands for the Health Insurance Portability and Accountability Act of 1996 (PL 104-91) was passed to promote more standardization and efficiency in the health care industry. LEAs in Rhode Island need to be aware of HIPAA law and policy as it affects covered entities because under HIPAA definitions, LEAs are considered "Hybrid Entities". The following is intended to give LEAs a basic understanding of HIPAA requirements as well as the requirements of the Family Educational Rights and Privacy Act (FERPA), the federal act that regulates the privacy of school records. Please refer to the HIPAA FAQ in Addendum L or the DHS web site at www.dhs.ri.gov or the HIPAA web site at www.cms.hhs.gov/hipaa/ for more information about HIPAA.

HIPAA

HIPAA is comprised of two parts: the Portability Component and the Accountability Component. The Accountability Component applies to "Covered Entities" and includes Administrative Simplification which has four parts: the Electronic Transactions and Code Sets Standards Requirements; the Privacy Requirements; the Security Requirements; and the National Identifier Requirements. These have their own implementation dates, including dates for most providers and dates for small providers. Small providers are defined as providers who receive less than $5, 000,000.00 in annual receipts. Based on direct service claiming for Medicaid reimbursement, all LEAs in Rhode Island are considered small providers by definition.

Electronic Transactions and Code Sets

All providers, including LEAs, must comply with this standard by October 16, 2003. National standards (for formats and data content) are the foundation of this requirement. HIPAA requires every provider who does business electronically to use HIPAA compliant software and uniform health care transactions, code sets, and identifiers. Transactions and code sets standards requirements were created to give the health care industry a common language to make it easier to transmit information electronically.

Privacy Requirements

April 14, 2003 was the deadline for compliance with the privacy standards by covered entities. Small providers, those with annual receipts of less than $5,000,000, must be compliant by April 14, 2004. The Privacy Regulations cover the privacy of protected health information in oral, written or electronic format maintained by covered entities. The privacy requirements *limit the release* of protected health information without the individual's knowledge and consent.

Security Requirements

April 25, 2005 is the deadline for compliance with the security standards for most providers. Small providers have until April 25, 2006 to become compliant with the security components.

The Security Regulations pertain to the security of protected health information in electronic format maintained by covered entities. The security regulations outline the minimum administrative, technical, and physical safeguards required to prevent unauthorized access to protected health care information *either* stored or transmitted electronically.

National Identifier requirements

July 30, 2004 is the deadline for most providers and small providers have until August 1, 2005 to become compliant with this requirement. HIPAA requires that health care providers, health plans, and employers have standard national numbers that identify them on standard transactions. The Employer Identification Number (EIN), issued by the Internal Revenue Service (IRS), was selected as the identifier for employers and was adopted effective July 30, 2002. The remaining identifiers are expected to be determined in 2003.

The Family Educational Rights and Privacy Act (FERPA) and HIPAA

FERPA: FERPA is a federal law that applies to an educational agency or institution to which funds have been made available under any program administered by the Secretary of Education (this includes all LEAs).
FERPA sets out the requirements for the protection of privacy of parents and students with respect to educational records maintained by the LEA.

Based on an analysis of applicable HIPAA Privacy Regulations, it has been determined that education records which are subject to FERPA are exempt from HIPAA Privacy Regulations.

Specifically, Section 164.501 of the HIPAA Privacy Regulations defines *Protected Health Information* as: **need to format as a quote**

> Individually identifiable health information (1) Except as provided in paragraph (2) of this definition, that is: (i) Transmitted by electronic media: (ii) Maintained in any medium described in the definition of *electronic media* at § 162.103 of this subchapter; or (iii) Transmitted or maintained in any other form or medium. (2) *Protected health information* excludes individually identifiable health information in: (i) Education records covered by the Family Education Rights and Privacy Act, as amended, 20 U.S.C. 1232g; (ii) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and (iii) Employment records held by a covered entity in its role as employer. [34 C.F.R. 164.501, Definitions]

A careful analysis of applicable HIPAA Privacy Regulations and FERPA Regulations indicates that LEAs that adhere to FERPA are exempt form the HIPAA Privacy Regulations. To understand this exemption requires a clear understanding of several definitions in FERPA.

"Educational Records" FERPA 34 CFR sec. 99.3

(a) The term means those records that are:
    (1) Directly related to a student; and
    (2) Maintained by an educational agency or institution or by a party acting for the agency or institution.
(b) The term does not include:
    (1) Records that are kept in the sole possession of the maker, are used only as a personal memory aid, and are not accessible or revealed to any other person except a temporary substitute for the maker of the record.

"Record" means any information recorded in any way, including but not limited to, handwriting, print, computer media, video or audiotape, film, microfilm, and microfiche.

"Personally identifiable information" includes, but is not limited to:

(a) The students name;
(b) The name of the student's parent or other family member;
(c) The address of the student or student's family;
(d) A personal identifier, such as the student's social security number or student number;
(e) A list of personal characteristics that would make the student's identity easily Traceable; or
(f) Other information that would make the student's identity easily traceable.

In summary, educational records maintained by school districts billing Medicaid through a billing agent are subject to FERPA regulations and, therefore, are not subject to HIPAA Privacy Regulations. In light of this exemption, it is especially important that each LEA strictly and fully implement the FERPA regulations and the confidentiality requirements of, IDEA and from the RI Special Education regulations.

LEAs that electronically transmit records that are not subject to FERPA because they do not become educational records will be subject to the Privacy Regulations and Security Regulations of HIPAA. These requirements will be explained as more information becomes available.

HIPAA DEFINITIONS

The following terms as defined in the Health Insurance Portability and Accountability Act may assist LEA staff in understanding HIPAA:

Business Associate: A person or organization that performs a function or activity on behalf of a covered entity, but is not part of the covered entity's workforce. The definition includes agents, contractors, or others hired to do work of or for a covered entity that requires use or disclosure of protected health information. A business associate can also be a covered entity in its own right. [Also, see Part II, 45 CFR 160.103.]
The covered entity must require satisfactory assurance-usually a contract-that a business associate will safeguard protected health information, limit the use and disclosure of protected health information.

Centers for Medicare and Medicaid Services (CMS): The Health and Human Services (HHS) agency responsible for Medicare and parts of Medicaid. CMS is responsible for oversight of HIPAA administrative simplification transaction and code sets, health identifiers, and security standards.

Code Set: Under HIPAA, this is any set of codes used to encode data elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes. This includes both the codes and their descriptions. Also, see Part II, 45 CFR 162.103.

Covered Entity: Under HIPAA, this is a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA transaction.

Hybrid Entity: A covered entity that also does non-covered functions, whose covered functions are not its primary functions. [This would include LEAs.] Most of the requirements of the Privacy Rule apply to the health care components of the entity and not to the parts of the entity that do not engage in covered functions.

Health Care Provider: a provider of services, a provider of medical or health services, and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.

Health Care Clearinghouse: A public or private entity that does either of the following (Entities, including but not limited to, billing services, repricing companies, community health management information systems or community health information systems, and "value-added" networks and switches are health care clearinghouses if they perform these functions): 1) Processes or facilitates the processing of information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction; 2) Receives a standard transaction from another entity and processes or facilitates the processing of information into nonstandard format or nonstandard data content for a receiving entity.

Health Information: means any information whether oral or recorded in any form or medium, that:

(1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and
(2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Health Insurance Portability and Accountability Act (HIPAA) of 1996: A Federal law that allows persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives HHS the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information. Also known as the Kennedy-Kassebaum Bill, K2 or Public Law 104-191.

Office of Civil Rights (OCR): This office is part of HHS. Its HIPAA responsibilities include oversight of the privacy requirements.

Protected health information (PHI): includes individually identifiable health information (with limited exceptions) in any form, including information transmitted orally, or in written or electronic form by covered entities or their business associates. Protected health information excludes individually identifiable health information in: (i) Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 USC 1232g; (ii) Records described at 20 USC 1232g(a)(4)(B)(iv); and (iii) Employment records held by a covered entity in its role as employer.

Small Health Plan/Small Providers: Under HIPAA, this is a health plan with annual receipts of $5 million or less. Small providers have been given one-year extensions to implement HIPAA components, e.g. code sets, privacy regulations, security regulations.

Privacy: Privacy is defined as controlling who is authorized to access information (the right of individuals to keep information about themselves being disclosed).

Security: Security is defined as the ability to control access and protect information from accidental or intentional disclosure to unauthorized persons and from altercation, destruction or loss.

VIII.
REFERENCES
AND
KEY TECHNICAL ASSISTANCE CONTACTS

References:

- EDS: Rehabilitation Provider Manual
- EDS: Recipient Eligibility Verification System (REVS) User Guide
- Medicaid and School Health: A Technical Assistance Guide, U.S. Department of Health and Human Services Health Care Financing Administration, 1997, Available on CMS Website at: www.cms.hhs.gov/medicaid/schools/scbintro.asp
- Medicaid Coverage of Health-Related Services for Children Receiving Special Education: An examination of Federal Policies, U.S Department of Health and Human Services 1991
- IEP Manual
- IEP: Process, Product and Purpose
- Rhode Island Board of Regents for Elementary and Secondary Education: Regulations Governing the Education of Children with Disabilities, December 14, 2000
- Individuals with Disabilities Education Act, as amended June 1997

Resources:

www.dhs.ri.gov
www.ritap.org
www.ridoe.net
www.ssa.gov
www.cms.hhs.gov/medicaid
www.cms.hhs.gov/hipaa/
www.medicare.gov
www.cms.hhs.gov/medicaid/schools/macguide.pdf (CMS Administrative Claiming Guide, May 2003)

Key Technical Assistance Contacts:

- Rhode Island Technical Assistance Project (RITAP):
  Denise Achin, (401) 222-4600 ext. 2306, dachin@ride.ri.net
- Rhode Island Department of Human Services (DHS):
  Sharon Reniere, (401) 462-2187, sreniere@dhs.ri.gov
- Electronic Data System (EDS):
  Karen Richard, (401) 784-3888, Karen.Richard@eds.com